

Budget Change Proposal - Cover Sheet

DF-46 (REV 10/20)

Fiscal Year FY 2021-22	Business Unit 4260	Department Health Care Services	Priority No.
Budget Request Name 4260-175-BCP-2021-A1; 4260-195-ECP-2021-A1		Program 3960	Subprogram 3960010

Budget Request Description

Behavioral Health Continuum Infrastructure Program

Budget Request Summary

The Department of Health Care Services requests \$2,191,000 General Fund in fiscal year (FY) 2021-22 and \$2,155,000 General Fund in FY 2022-23 and in FY 2023-24 to support the equivalent of 4.0 positions and contract resources to administer the Behavioral Health Continuum Infrastructure Program. This funding would be shifted from the \$750 million one-time General Fund in local assistance proposed in the 2021 Governor's Budget. DHCS also requests corresponding provisional language.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed N/A	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Department CIO N/A	Date

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. N/A **Project Approval Document:** N/A

Approval Date:

If proposal affects another department, does other department concur with proposal? ☐ Yes ☒ No

Prepared By Jessica Bogard	Date 4/1/2021	Reviewed By Erika Sperbeck	Date 4/1/2021
Department Director Will Lightbourne	Date 4/1/2021	Agency Secretary Brendan McCarthy	Date 4/1/2021

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

PPBA Iliana Ramos	Date submitted to the Legislature 4/1/2021
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Analysis of Problem

A. Budget Request Summary

The Department of Health Care Services (DHCS) requests \$2,191,000 General Fund in fiscal year (FY) 2021-22 and \$2,155,000 General Fund in FY 2022-23 and in FY 2023-24 to administer the Behavioral Health Continuum Infrastructure Program (BH-CIP). This funding would be shifted from the \$750 million one-time General Fund in local assistance proposed in the 2021 Governor's Budget. DHCS also requests corresponding provisional language.

The requested resources include limited-term contract authority of \$1,500,000 General Fund annually from FY 2021-22 to FY 2023-24 to provide training and technical assistance to counties on real estate acquisition and rehabilitation, to conduct outreach and education activities, and to develop and manage the contracting process.

The BH-CIP is a grant program that authorizes DHCS to award competitive grants to qualified county and tribal entities to acquire and rehabilitate behavioral health treatment facilities to expand the community continuum of behavioral health treatment resources. County and tribal entities are required to provide in-kind funding or property equal to or greater than 25 percent of the total award, commit to own and operate the behavioral health treatment facilities, and maintain a long-term commitment to operating the facility for at least 30 years.

B. Background/History

Background on the Behavioral Health Continuum Infrastructure

Prior to the COVID-19 pandemic, California's rates of overdose deaths, suicides, mental illness, and substance use disorder were steadily increasing. The majority of Californians with behavioral health conditions self-reported they were not receiving treatment.¹ The COVID-19 pandemic further accelerated these trends: social isolation, financial insecurity, housing insecurity, systemic discrimination, and inequitable losses increased the severity and frequency of mental health crises and risky substance use.

The problem is not unique to California.² Many states face similar challenges and are working to divert response to mental health crises from law enforcement to behavioral health treatment. Expanding the availability of behavioral health resources is an investment in equity, because lack of available treatment beds disproportionately results in people of color receiving jail sentences instead of treatment. The likelihood of incarceration over treatment is closely correlated with the availability of treatment resources.³

California counties face a behavioral health continuum infrastructure deficit. For example, inpatient psychiatric bed capacity in California is 21 beds/100,000 people whereas experts estimate 50 beds/100,000 people is needed to meet the need across the state.⁴ In a 2017 study (using 2014 data that has not yet been updated⁵), California had among the lowest inpatient psychiatric bed capacity in the country. Only about 2,600 subacute mental health treatment beds are licensed in California⁶ and the number of Substance Use Disorder (SUD)

¹ California Health Care Foundation [Mental Health Almanac 2018](#) and [SUD Almanac 2018](#).

² <https://crisisnow.com/wp-content/uploads/2020/07/IIMHL-DC-Crisis-Declaration-FINAL-1-4.pdf>

³ Green TM. Police as frontline mental health workers. The decision to arrest or refer to mental health agencies. *Int J Law Psychiatry*. 1997; 20(4):469–486.

⁴ Based on expert consensus panel, [Treatment Advocacy Center](#); median for counties in the Organisation for Economic Cooperation and Development is 68 beds/100k

⁵ <https://www.nri-inc.org/media/1319/tac-paper-10-psychiatric-inpatient-capacity-final-09-05-2017.pdf>

⁶ Psychiatric Health Facilities and Mental Health Rehabilitation Centers.

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treatment facilities has decreased by 13 percent over the last three years (down to 874 licensed facilities in 2020 compared to 1,009 in 2018).

Several drivers contribute to this mismatch of supply and demand: high California real estate costs; "not in my backyard" mentality and zoning restrictions; and difficulty accessing low-income housing, resulting in growing homelessness which in turn can lead to increasing numbers of people with severe mental illness requiring residential care. Additionally, the restrictive federal interpretation of limitations of federal funding for patient care provided in Institutions for Mental Disease (IMDs) results in the denial of federal Medicaid funding for many treatment facilities. This results in increased costs to county behavioral health programs to pay for such placements when needed, preventing county behavioral health departments and county-contracted providers from building financial reserves that could otherwise allow for significant infrastructure investments.

Funding for and responsibility of most behavioral health treatment services and infrastructure was shifted from the state to counties as part of the 1991 and 2011 Realignment to provide a minimum level of funding for behavioral health services and flexibility for counties to maintain funding reserves and to make long-term investments in infrastructure. Additionally, the Mental Health Services Act authorizes counties to use a portion of local annual funding to enhance the infrastructure needed to support the behavioral health system, which includes developing facilities to meet increased needs of the local mental health system. Other county funding may also be used to support the behavioral health continuum infrastructure.

Counties are responsible for the delivery of behavioral health services, and DHCS is responsible for holding counties accountable to make sure the full continuum of care is available to meet the needs of our beneficiaries.

2021-22 Governor's Budget BH-CIP Proposal

To support counties and tribal entities with one-time investments in behavioral health infrastructure, the 2021-22 Governor's Budget includes the BH-CIP that provides \$750 million in local assistance grants to counties and tribal entities to efficiently and cost-effectively acquire and rehabilitate real estate assets. The BH-CIP will allow California counties to expand the community continuum of behavioral health treatment facilities, allowing individuals to live and be treated in a stable environment which leads to better health and behavioral health outcomes. This will include the addition of at least 5,000 beds, units, or rooms to expand such capacity.

BH-CIP funding may be used to expand capacity for the following types of facilities, including but not limited to:

- Crisis Intervention, Stabilization and Crisis Residential.
- Residential Treatment.
- Day Rehabilitation.
- Day Treatment Intensive or Partial Hospitalization with Housing Supports.
- Adult Residential Care Facilities/Board and Care Facilities.
- Room and Board with Intensive Outpatient Services.
- Peer Respite and Shared Housing.

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Resource History (Dollars in thousands)

Community Services Division

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	N/A	N/A	N/A	N/A	\$129,863
Actual Expenditures	N/A	N/A	N/A	N/A	\$39,287
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	N/A	N/A	N/A	N/A	132.5
Filled Positions	N/A	N/A	N/A	N/A	108.4
Vacancies	N/A	N/A	N/A	N/A	24.1

*Effective FY 2019-20 CSD split from Substance Use Disorder Program Policy and Fiscal Division (SUDPPFD)

Office of Legal Services

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	\$15,376	\$16,969	\$18,243	\$19,872	\$21,573
Actual Expenditures	\$15,339	\$16,750	\$18,243	\$19,872	\$21,573
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	113.8	110.5	112.0	117.0	125.0
Filled Positions	93.8	93.9	97.2	102.4	109.1
Vacancies	20.0	16.6	14.8	14.6	15.9

C. State Level Consideration

The BH-CIP aligns with other Administration initiatives. For example, it aligns with the CalAIM behavioral health payment reform, the CalAIM Serious Mental Illness/Serious Emotional Disturbance Demonstration Waiver opportunity, and the CalAIM Enhanced Care Management and In Lieu of Services proposals. The BH-CIP also aligns with existing programs that address housing with behavioral health supporting services, such as: the Department of Housing and Community Development (HCD)'s Project Homekey; Mental Health Services Act local funding, including support of permanent supportive housing; HCD's No Place Like Home Program; HCD's California Emergency Solutions and Housing; and HCD's Housing for Healthy California Program.

The existing and proposed Administration proposals complement one another in that they reach a broad spectrum of populations with needs, such as:

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- Homeless/at risk of homelessness persons who can live independently and who do not require services or care
- Homeless/at risk of homelessness persons who have behavioral health needs or who need around-the-clock care
- Persons who are not homeless but who have behavioral health needs or who require around-the-clock care

The BH-CIP helps address the below key challenges faced by California:

- Insufficient capacity to decompress acute care hospitals, especially during public health emergencies
- Inappropriately long length of stays in acute care and psychiatric hospitals, due to lack of options for step-down to community-based treatment
- Excessive criminal justice involvement for people with mental illness and/or substance use disorder, due to lack of bed capacity at time of crisis, and lack of housing on release from jail or prison (often leading to re-arrest)
- Lack of options for older adults with behavioral health disorders and/or developmental disorders, which typically require more intensive staffing, which is often not covered by the financial model of the facilities, leading to frequent displacements.

D. Justification

DHCS requests to shift resources to manage the complexities of working with up to 58 counties and the diversity of the 109 federally-recognized Tribes in California, to equitably distribute resources, and to provide oversight to document that resources result in a measurable expansions of behavioral health capacity.

The requested resources include limited-term contract authority of \$1,500,000 General Fund annually between FY 2021-22 and FY 2023-24 to provide training and technical assistance to counties on real estate acquisition and rehabilitation, to conduct outreach and education activities, and to develop and manage the contracting process.

As part of the CalAIM initiative, DHCS intends to pursue the SMI/SED Demonstration Waiver and will perform a statewide gap analysis to assist the department in identifying the areas of most need within county and tribal entities. Although each county is responsible for assessing its needs and enhancing its behavioral health infrastructure, as the statewide Medicaid entity, it is reasonable for DHCS to assess need across the state in order to allocate appropriate levels of funding based on need and gaps in the behavioral health continuum.

DHCS will need to coordinate with a contractor as the contractor will have the expertise and experience in designing and implementing behavioral health infrastructure grants, collaborating with resource developers and real estate acumen. Counties and tribal organizations will require comprehensive technical assistance and training regarding real estate and infrastructure implementation. DHCS does not have the capacity, aptitude or staff to engage in real estate acquisition.

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DHCS anticipates the first round of BH-CIP competitive grant funding will be released to county and tribal entities through a Request for Application (RFA) by January 2022. Additional rounds of RFAs would be released in order to utilize all of the grant funding and estimates anywhere from 100 to 300 participating county and tribal entities over the period of the grant.

Community Services Division

Resources equivalent to 3.0 positions will be in the Community Services Division (CSD) Operations Branch. CSD is responsible for various behavioral health programs and services for adults, youth, and children. The CSD is charged with policy development, oversight, and compliance and monitoring of the Mental Health Services Act, Short-Term Residential Therapeutic Programs and Children's Therapeutic Care Programs. Additionally, CSD administers several grants through the Substance Abuse Mental Health Services Administration. CSD is also responsible for the State Targeted Response to the Opioid Crisis Grants and has funded the Medication Assisted Treatment Expansion Project. As part of grant oversight, CSD administers multiple contracts with counties and providers. CSD also oversees other programs including behavioral health prevention and family services and Proposition 64 youth SUD prevention funding. The CSD is also responsible for conducting data analysis and research activities to various programs that provide behavioral health services to individuals throughout California.

CSD consists of three branches: Community Support Branch, Operations Branch, and Behavioral Health Analytics and Research Branch.

Limited-term Resources Equivalent to 3.0 Associate Governmental Program Analysts (AGPAs)

The 3.0 resources will develop and implement communications and feedback mechanisms with county and tribal partners (Information Notices, webinars, stakeholder meetings); provide technical assistance to potential applicants; monitor expenditures and local match funds; oversee and monitor approximately 100-300 county and tribal grantees; review grantee progress reports; create a process and monitor activities to verify that federal financial participation under the Medi-Cal program is not jeopardized; track beds/units/service facility expansion; and track grantee progress towards project completion.

Additionally, these resources will design and implement RFAs to select administrative consultant contractors, which DHCS will then collaborate with to design and implement grant applications and award processes, select grant recipients and develop contract language.

Three-Year Limited-term Contract Resources

\$1,500,000 annually between FY 2021-22 and FY 2023-24

DHCS requests resources to support two administrative consultant organizations that will address vastly different programmatic and administrative areas of the BH-CIP. DHCS resources, in collaboration with the administrative consultants, will implement the BH-CIP and develop training and educational materials for county and tribal grantees to address key components of BH-CIP activities. Additionally, the administrative consultants will be responsible for managing county contracts, managing tribal contracts, providing subject matter expertise on capital infrastructure projects, and supporting DHCS with BH-CIP administrative functions. Furthermore, administrative consultants are necessary to provide expert training and technical assistance to county and tribal awardees on land use zoning, permitting, rehabilitation, and/or new construction costs and real estate acquisition. Documents submitted in the county and tribal grant applications, and during the course of implementing projects, is likely to require expertise that DHCS staff classifications do not possess.

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The requested level of funding is based on a similar contract for the California Hub and Spoke System (CA H&SS) in the MAT Expansion Project with similar activities and deliverables. DHCS anticipates each consultant organization will be composed of multidisciplinary teams with diverse expertise to meet the needs of the BH-CIP and the grant awardees.

The following administrative consultant distribution of workload would be as follows:

Administrative Consultant 1: To Be Determined by RFA

- Assist DHCS in the review of applications for counties and tribal organizations.
- Provide comprehensive technical assistance and training, regarding real estate and infrastructure implementation.
- Develop/execute contracts and award grant monies to tribal governments and counties.
- Provide payment to grantees for completed milestones.
- Provide oversight to ensure all land acquisition and real estate documents are secured and provided.
- In collaboration with DHCS, provide annual quality assurance review of awardees.
- In collaboration with DHCS, develop and implement BH-CIP Training and Educational Materials, including protocols and guidelines, for County and Tribal Grantees.
- Proposed contract amount: \$1 million annually between FY 2021-22 through FY 2023-24.

Administrative Consultant 2: To Be Determined by RFA

- Perform outreach, which will include disseminating funding opportunities to eligible organizations; facilitating meetings, webinar, and coaching calls with local governmental entities, providers, and other stakeholders; and developing and publishing content to promote the project.
- Assist counties/tribes in preparing and completing the RFA; especially for small and rural counties and tribal entities.
- Once county applications are submitted, assist grantees with challenges to land acquisition, NIMBY issues, and any other project issues.
- Subcontract with a tribal entity or subject matter experts with tribal experience. Subcontractor will provide tribal insight for grantees, land acquisition, tribal needs and board approval and would also assist DHCS on any tribal inquiries. In addition, tribal training and technical assistance will require approaches and materials that are reflective of the distinct cultural needs of American Indian and Alaska Native populations.
- Develop and deliver training and technical assistance on topics, including but not limited to: county and tribal land use, zoning, permitting, rehabilitation, and/or new construction costs and real estate acquisition, as well as navigating California environmental regulations.

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- Collect and aggregate all submitted quarterly reports into a concise single quarterly report that details quantitative and qualitative activities, such as project progress, successes, and challenges. The Administrative Consultant will also submit a final report that includes comprehensive, aggregated quantitative and qualitative grantee performance data; templates, documents, and materials developed for services performed as part of the contract; general data or auditing information collected during the contract; a summary of challenges encountered in implementing services during the contract; and a summary of successful strategies encountered in implementing services during the contract.
- Proposed contract amount: \$500,000 annually between FY 2021-22 and FY 2023-24.

Office of Legal Services

Resources equivalent to 1.0 position will be in the Office of Legal Services' Behavioral Health Care Services Team. The Office of Legal Services (OLS) is comprised of six legal teams, including the Behavioral Health Care Services Team. The Behavioral Health Care Services Team provides legal consultation, opinions, advice and guidance on all legal matters that impact or concern the Behavioral Health Services Division, including behavioral health matters that impact California's tribes and tribal entities. General legal services provided by this team include: drafting and legal analysis of statutes and regulations; determining the legal impact of policy decisions; litigation avoidance; contract drafting and interpretation; legal advice related to implementation and processes including contract management and procurement; negotiation and drafting of federal waivers, state plan amendments and grants necessary for the Department and California and/or counties to receive federal financial participation for the Medi-Cal program and other federal funding available for financing mental health and SUD services and programs; responding to highly sensitive controlled correspondences, stakeholder and public concerns and public records requests; and litigation support to the Attorney General's Office.

Limited-term resources equivalent to 1.0 Attorney IV

The resource will perform the most complex and sensitive legal research, analysis, and drafting of legal opinions and technical language regarding the BH-CIP proposal. The resource will be involved in responding to questions from counties, tribal and private entities, the legislature, and other stakeholders and will collaborate with other state entities that have expertise in real estate policy. The subject matter will require high level specialized knowledge of the Mental Health and SUD delivery systems and programs, including the Medi-Cal waivers, as well as the Mental Health Services Act and other funding streams and their legal requirements. The work of the contractors described in this proposal will give rise to legal issues and the resource will support DHCS Program analysis and oversight of this work as well. It is expected that, in building out infrastructure for the provision of the panoply of services expected in this proposal, the Department will be presented with novel concepts for both the arrangement and licensing of the facilities and how and by whom the services are to be provided. These proposed arrangements will bring up novel legal issues for which the resource will have to create legal theories based upon law that exists but that may not address or even envision the scenario in question.

The resource will be called upon to provide creative solutions to complex, novel and sensitive proposals across a number of legal subject matter areas, including Medi-Cal, licensing, contracting, and other funding stream related issues, as well as non-supplementation, grant terms and conditions, and the enforcement and oversight of all of these matters. The resource

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will research and provide legal advice and input, including drafting legal language, regarding the work of the Program analysts and upper management as relates to this proposal. In addition, the resource will be called upon to opine on matters spanning three different delivery systems: Mental Health Plans (Specialty Mental Health Services), DMC-ODS entities (Drug Medi-Cal ODS services) and State Plan Drug Medi-Cal services.

Highly specialized legal expertise is needed to efficiently and competently perform the complex legal work related to this proposal and it is essential that this work be performed at the Attorney IV level.

E. Outcomes and Accountability

If approved, the additional requested resources will allow DHCS to support the expansion of county behavioral health facility capacity by at least 5,000 beds statewide; increase access to behavioral health services for some of California's most vulnerable populations; develop the competitive grant process expediently; execute awardee contracts expediently in order to efficiently utilize the grant funds and matching funds; process contractor payments timely; deliver needed training and technical assistance to county and tribal grantees; verify data is collected and aggregated appropriately, so that project outcomes are clearly defined and understood; and confirm that funds obligated for this effort are used appropriately and effectively.

Projected Outcomes

Workload Measure	2020-21	2021-22	2022-23	2023-24
Develop, review and award RFA, provide RFA Technical Assistance	N/A	Two RFAs	RFA for grantees, if needed.	RFA for grantees, if needed.
Grant Development and Implementation	N/A	~25-50 Awardees/ Contracts	~100-300 Awardees/ Contracts	~100-300 Awardees/ Contracts
Contract Management and Oversight	N/A	~25-50 Awardees/ Contracts	~100-300 Awardees/ Contracts	~100-300 Awardees/ Contracts
County and Tribal grantee Training and Technical Assistance	N/A	~25-50 Awardees/ Contracts	~100-300 Awardees/ Contracts	~100-300 Awardees/ Contracts
Data Collection and Reporting	N/A	~25-50 report reviews	~100-300 report reviews	~100-300 report reviews

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Workload Measure	2020-21	2021-22	2022-23	2023-24
Oversight and Monitoring	N/A	~25-50 site reviews	~100-300 site reviews	~100-300 site reviews

F. Analysis of All Feasible Alternatives

Alternative 1:

Approve the request for limited-term resources of \$2,191,000 General Fund in FY 2021-22 and \$2,155,000 General Fund in FY 2022-23 and in FY 2023-24. This funding would be shifted from the \$750 million one-time General Fund in local assistance proposed at the FY 2021 Governor's Budget. Also approve the requested corresponding provisional language.

Pros:

- Aligns with the requirements of the FY 2021-22 Governor's Budget;
- Expands behavioral health facility capacity by at least 5,000 beds statewide;
- Expands behavioral health infrastructure and outpatient and residential treatment;
- Augments the service spectrum through approaches such as CalAIM to ultimately reduce homelessness, incarceration, and unnecessary hospitalizations and inpatient days by appropriately utilizing community-based models of care;
- Develops the competitive grant process within three months of resource positions being hired;
- Processes project invoices are processed timely and efficiently; and
- Executes county and tribal grantee contracts expediently in order to effectively utilize the grant funds and matching funds.

Cons:

- Requires General Fund resources to fund salary and associated costs.

Alternative 2:

Approve one-year limited-term resources equivalent to 4.0 positions, as well as administrative consultant services, with a total requested expenditure authority of \$2,191,000 General Fund in FY 2021-22 to address the workload regarding the implementation of BH-CIP.

Pros:

- Temporarily responds to the extensive activities required under the FY 2021-22 Governor's Budget;
- Provides temporary the ability for state staff to perform grant and contract development, implementation, and administration; training and technical assistance; data collection and reporting; and oversight and monitoring; and
- Provides minimal resources for the state to verify effective outcomes and accountability are met.

Cons:

- Potential loss of staff knowledge and expertise once positions expire. This would be particularly harmful if the state aims to expand or utilize information received through this project as a basis for other behavioral health infrastructure activities;
- Challenging to perform oversight and monitoring or audit completed contract activities once funding for the project expires; and

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- Due to ongoing workload, it would place a necessary administrative burden on the state to continue requesting the extension of positions if the project were to continue beyond its current funding timeline.

Alternative 3:

Redirect existing staff.

Pros:

- No additional staffing is required;
- Does not expand staff government; and
- No increase in workspace or equipment purchases to accommodate new staff.

Cons:

- May result in delays in developing the competitive grant process as no other staff resources are available to implement the grant;
- May result in improper awarding of grants due to lack of technical county and tribal land use expertise to determine if applicants have appropriate and viable project plans for rehabilitation or acquisition of new properties;
- Potential for lack of utilization of grant funds due to insufficient resources to implement program.
- Difficult to assess progress in expanding the behavioral health continuum
- Overextended staff; and
- Loss of staff due to overwhelming workload.

G. Implementation Plan

Upon approval, DHCS will recruit resources to initiate project development and implementation, including key administrative processes, such as fiscal, contracting, data collection and reporting, and oversight and monitoring. Additionally, DHCS will need to move efficiently to design and develop consultant contractor RFAs and SOWs, so that county and tribal grantees working to expand behavioral health capacity are awarded and funded in FY 2021-22.

H. Supplemental Information

The request includes one-time funding for office automation and cubicle buildouts, including cabling for a cost of \$36,000 General Fund in FY 2021-22.

Additionally, CSD requests contract funding of \$1,500,000 General Fund annually between FY 2021-22 and FY 2023-24 for consultant services to assist with the development and administration of BH-CIP.

Attachment A: Workload Standards

Attachment B: Fiscal Detail Sheets

Attachment C: Proposed Provisional Language

Attachment D: Current and Proposed Organizational Charts

I. Recommendation

Alternative 1: Approve the request for resources equivalent to 4.0 positions and \$2,191,000 General Fund in FY 2021-22 and \$2,155,000 General Fund in FY 2022-23 and in FY 2023-24. This funding would be shifted from the \$750 million one-time General Fund in local assistance

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proposed at the FY 2021 Governor's Budget. Also approve the corresponding provisional language. The requested resources are needed to:

- Expand behavioral health facility capacity by at least 5,000 beds statewide;
- Expand behavioral health infrastructure and outpatient and residential treatment;
- Assess augmentation of the service spectrum through approaches such as CalAIM to ultimately reduce homelessness, incarceration, and unnecessary hospitalizations and inpatient days by appropriately utilizing community-based models of care;
- Develop the competitive grant process within three months of resource positions being hired;
- Process project invoices timely and efficiently; and
- Execute awardee contracts expediently in order to effectively utilize the grant funds and matching funds.

Workload Standards

WORKLOAD STANDARDS**Community Services Division****Limited-term resources equivalent to 3.0 Associate Governmental Program Analysts****Position 806-452-5393-XXX**

Activities	Number of Items Annually	Hours per Item	Total Hours
Performing grant and contract development, implementation, and administration: <ul style="list-style-type: none"> • Designing RFA for administrative consultants and assisting with County and Tribal RFA design; • Completing RFA reviews for administrative consultants and County and Tribal applicants; • Preparing administrative consultant contract documents for execution; • Conducting on-site and desk reviews of administrative consultants and grantees; • Reviewing and scanning documents, including invoice documentation and other records; • Onboarding activities for administrative consultants and grantees; • Reviewing and processing administrative consultant invoices for payment; • Denying unallowable expenditures; • Preparing Legal Service Requests for action or consultation; • Assisting with the development of internal policies and procedures; • Drafting memos and controlled correspondence; • Responding to inquiries from the public; service providers; media requests, and other agencies; and • Assisting with special projects, bill analyses, legislative requests, media requests, budget change proposals and statutory changes. 	70	30	2,100
Performing training and TA to administrative consultants and County and Tribal grantees: <ul style="list-style-type: none"> • Performing ad-hoc TA to administrative consultants and County and Tribal grantees, as appropriate; • Delivering structured training and TA through webinars, calls, and if appropriate, through in-person meetings; • Preparing TA materials, including FAQs, and other tools for administrative consultants; and • Reviewing TA materials developed by administrative consultants for County and Tribal grantees. 	50	30	1,500
Preparing reports, data collection, and other methods to collect and disseminate information of County and Tribal BH-CIP grantees, which include: <ul style="list-style-type: none"> • Developing and writing reports of findings, as related to funding requirements; 	50	30	1,500

Activities	Number of Items Annually	Hours per Item	Total Hours
<ul style="list-style-type: none"> Analyzing reports of finding, data collection and invoicing to determine if further action is needed; Reviewing program allocation of funding; and Sharing promising practices and evidence-based data, outcomes and strategies 			
Conducting contract oversight and monitoring: <ul style="list-style-type: none"> Confirm compliance with contract deliverables; Conducting on-site and desk reviews of administrative consultants and grantees Issuing reports based on on-site and desk review audits Reviewing and subsequently approving or denying CAPs received that address deficiencies Providing recommendations to leadership for disciplinary actions against contract contractors 	20	15	300
Total hours worked			5,400
1,800 hours = 1.0 Position			
Actual number of Positions requested			3.0

WORKLOAD STANDARDS
Office of Legal Services Division
Limited-term resources equivalent to 1.0 Attorney IV
Position 803-030-5780-XXX

Activities	Number of Items Annually	Hours per Item	Total Hours
Performing the most complex and sensitive legal research, analysis, and written advice or technical language related to on Medi-Cal issues regarding BH-CIP, as well as Tribal issues and applicable statutes and regulations	25	15	375
Performing sensitive legal research, complex analysis, and provide written advice related to licensing issues	10	10	100
Performing sensitive legal research, complex analysis and advice, and provide written advice on funding and policy issues	15	15	225
Performing sensitive legal research, complex analysis, and provide advice, including drafting technical language, on complex contracts	20	10	200
Performing sensitive and complex legal research, analysis, and advice, including participation in meetings with high level executive management regarding the BH-CIP and draft written agreements	5	10	50
Performing sensitive legal research, complex analysis, and provide written advice on grant application issues	15	10	150
Performing sensitive legal research, complex analysis, and provide advice on grant terms and conditions, including drafting of technical language regarding the work of the Program analysts and upper management as relates to this proposal	10	10	100
Performing legal research, analysis, and advice on sensitive and complex grant approval/denial issues, including negotiations with tribal entities	10	10	100
Performing sensitive legal research, complex analysis, and providing advice on oversight and monitoring issues specific to BH-CIP	10	10	100
Performing research, analysis, advice, and drafting of policy through Information Notices, bulletins or other written instructions on all of the above matters	8	15	120

Activities	Number of Items Annually	Hours per Item	Total Hours
Performing legal research, analysis, and advice on non-supplant issues	15	10	150
Performing research, analysis, and drafting of responses to inquiries from counties, the legislature, state agency partners and other stakeholders	15	10	150
Total hours 1820			1,820
1,800 hours = 1.0 Position			
Actual number of Positions requested			1.0

BCP Fiscal Detail Sheet

BCP Title: Behavioral Health Continuum Infrastructure Program

BR Name: 4260-175-BCP-2021-A1

Budget Request Summary

Personal Services

Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Salaries and Wages	0	355	355	355	0	0
Earnings - Temporary Help						
Total Salaries and Wages	\$0	\$355	\$355	\$355	\$0	\$0
Total Staff Benefits	0	196	196	196	0	0
Total Personal Services	\$0	\$551	\$551	\$551	\$0	\$0

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5301 - General Expense	0	24	16	16	0	0
5302 - Printing	0	8	8	8	0	0
5304 - Communications	0	8	8	8	0	0
5320 - Travel: In-State	0	28	28	28	0	0
5322 - Training	0	4	4	4	0	0
5324 - Facilities Operation	0	36	36	36	0	0
5340 - Consulting and Professional Services - External	0	1,500	1,500	1,500	0	0
5344 - Consolidated Data Centers	0	4	4	4	0	0
539X - Other	0	28	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$1,640	\$1,604	\$1,604	\$0	\$0

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	\$0	\$2,191	\$2,155	\$2,155	\$0	\$0

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
State Operations - 0001 - General Fund	0	2,191	2,155	2,155	0	0
Total State Operations Expenditures	\$0	\$2,191	\$2,155	\$2,155	\$0	\$0
Total All Funds	\$0	\$2,191	\$2,155	\$2,155	\$0	\$0

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
3960010 - Medical Care Services (Medi-Cal)	0	2,191	2,155	2,155	0	0
Total All Programs	\$0	\$2,191	\$2,155	\$2,155	\$0	\$0

Personal Services Details

Salaries and Wages

Salaries and Wages	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
TH00 - Temporary Help (Eff. 07-01-2021)(LT 06-30-2024)	0	355	355	355	0	0
Total Salaries and Wages	\$0	\$355	\$355	\$355	\$0	\$0

Staff Benefits

Staff Benefits	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5150350 - Health Insurance	0	86	86	86	0	0
5150600 - Retirement - General	0	110	110	110	0	0
Total Staff Benefits	\$0	\$196	\$196	\$196	\$0	\$0

Total Personal Services

Total Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Personal Services	\$0	\$551	\$551	\$551	\$0	\$0

BCP Title: Behavioral Health Continuum Infrastructure Program

BR Name: 4260-195-ECP-2021-A1

Budget Request Summary

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
54XX - Special Items of Expense	0	-6,501	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$-6,501	\$0	\$0	\$0	\$0

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	\$0	\$-6,501	\$0	\$0	\$0	\$0

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Local Assistance - 0001 - General Fund	0	-6,501	0	0	0	0
Total Local Assistance Expenditures	\$0	\$-6,501	\$0	\$0	\$0	\$0
Total All Funds	\$0	\$-6,501	\$0	\$0	\$0	\$0

Program Summary

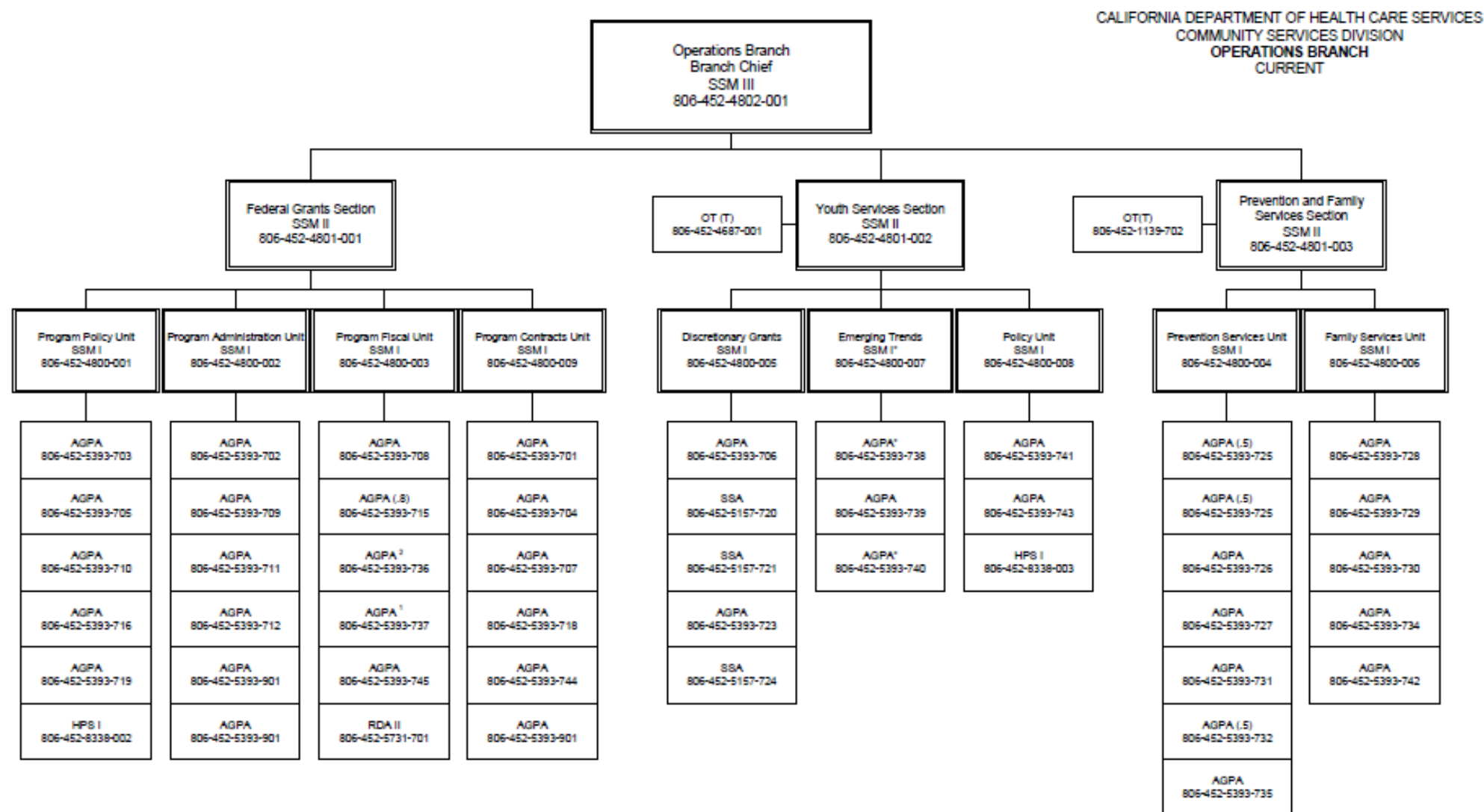
Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
3960022 - Benefits (Medical Care and Services)	0	-6,501	0	0	0	0
Total All Programs	\$0	\$-6,501	\$0	\$0	\$0	\$0

Proposed provisional language

Add provision to Item 4260-101-0001 of the 2021 Budget Act:

19. (a) Notwithstanding any other law, of the funds appropriated in Schedule (3) of this item, \$743,499,000 is available for encumbrance or expenditure until June 30, 2026 for the State Department of Health Care Services to implement the Behavioral Health Continuum Infrastructure Program to provide competitive grants to qualified counties and tribal entities to acquire and rehabilitate facilities to expand the community continuum of behavioral health treatment resources.
- (b) As a condition of receiving grant funds pursuant to this provision, an awardee county or tribal entity shall provide matching funds or real property with a value equal to or greater than twenty-five percent of the total award. Funds awarded pursuant to this provision shall be used to supplement and not supplant existing county and tribal funds to acquire and rehabilitate facilities as provided for in the Behavioral Health Continuum Infrastructure Program.
- (c) The State Department of Health Care Services shall determine the methodology and distribution of the funds appropriated in this provision to those counties and tribal entities it deems qualified.
- (d) This provision shall be implemented only if and to the extent that the State Department of Health Care Services determines that associated federal financial participation under the Medi-Cal program is not jeopardized.
- (e) Notwithstanding Chapter 3.5 (commencing with section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the State Department of Health Care Services may implement, interpret, or make specific this provision, in whole or in part, by means of information notices or other similar instructions, without taking any further regulatory action.
- (f) For purposes of implementing this provision, the State Department of Health Care Services may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Contracts entered into or amended pursuant to this provision shall be exempt from Chapter 6 (commencing with section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of Government Code, Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and the State Administrative Manual, and shall be exempt from the review or approval of any division of the Department of General Services.
- (g) For purposes of this provision, "tribal entity" shall mean a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in Section 1603 of Title 25 of the United States Code.

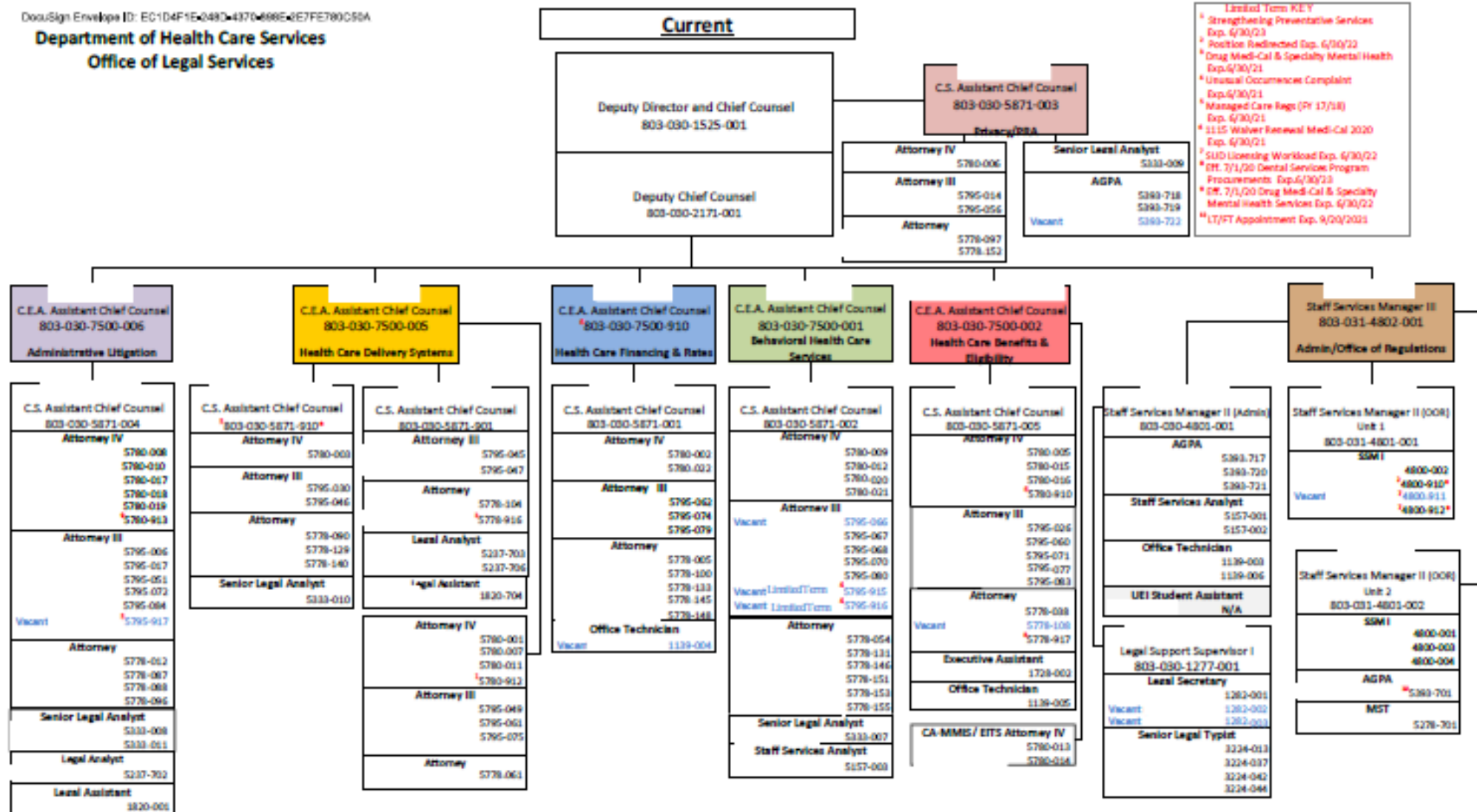


* Prop 54 funding

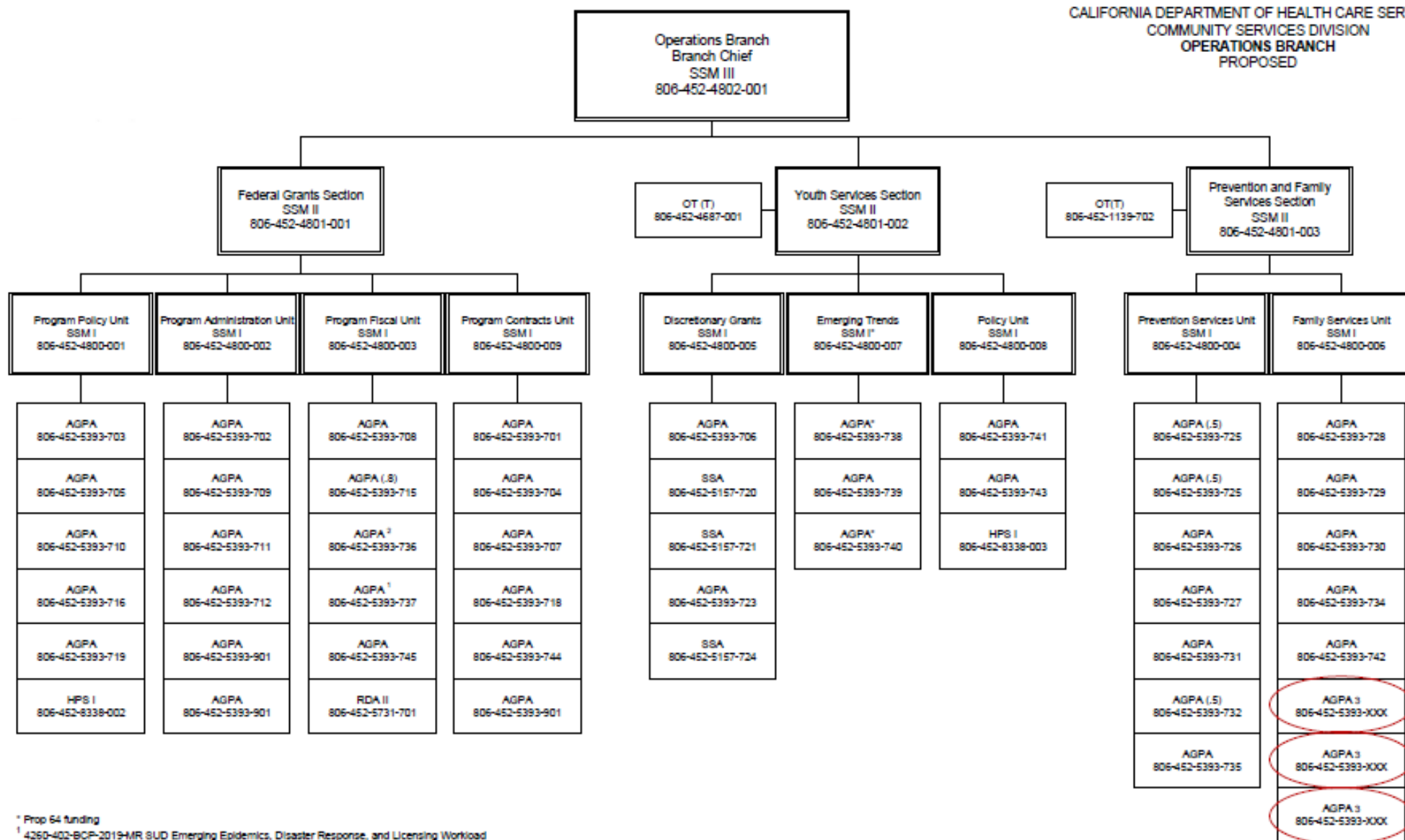
¹ 4260-402-BCP-2019-MR SUD Emerging Epidemics, Disaster Response, and Licensing Workload² 4260-025-BCP-2019-GB Substance Abuse Prevention and Treatment Block Grant Compliance and Audit Enhancement

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Department of Health Care Services
Office of Legal Services



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
COMMUNITY SERVICES DIVISION
OPERATIONS BRANCH
PROPOSED



* Prop 64 funding

¹ 4260-002-BCP-2019-MR SUD Emerging Epidemics, Disaster Response, and Licensing Workload

² 4260-025-BCP-2019-GB Substance Abuse Prevention and Treatment Block Grant Compliance and Audit Enhancement

³ BH Infrastructure BCP

Department of Health Care Services
Office of Legal Services

